



Alberta Sexually Transmitted Infections and HIV

2024

Primary and Preventative Health Services, Government of Alberta

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Foreword

Sexually transmitted infections (STIs) are an important cause of morbidity in Alberta. In some instances, surveillance of STIs in Alberta has been ongoing since the early 1920s. This has provided essential information for policy and decision-making. The requirements for reporting communicable diseases, including Sexually Transmitted and Blood-Borne Infections (STBBIs), are mandated by the *Communicable Diseases Regulation* [1] under the *Alberta Public Health Act* [2]. In 2024, prior to organizational changes made through health care refocusing work, notifiable STIs and Human Immunodeficiency Virus (HIV) cases were reportable to the STI Medical Director at Alberta Health Services (AHS) via Sexually Transmitted Infection Centralized Services (STICS) and STICS notified the Alberta Health Chief Medical Officer of Health/designate. For additional details on reporting STI and HIV cases, please refer to the Public Health Disease Management Guidelines at <https://open.alberta.ca/publications>.

The Sexually Transmitted Infections and HIV in Alberta: Annual Report provides a high-level overview of four notifiable STBBIs: chlamydia (including lymphogranuloma venereum (LGV)), gonorrhea, HIV, and infectious syphilis. This report focuses on examining case numbers and rates of the listed STBBIs for the current year within the context of previous years and Alberta Health Services' (AHS) Zones. As such, the report is organized into six profiles, starting with the entire province and followed by each of AHS' five zones (South, Calgary, Central, Edmonton, and North). This is intended to provide greater insight and comparison between geographic regions. For more information on AHS Zones, please visit: <https://www.albertahealthservices.ca/zones/zones.aspx>.

This report also has additional information on congenital, non-infectious syphilis, and antimicrobial resistance (AMR) of *Neisseria gonorrhoeae* trends at the provincial level.

Data collected under the surveillance program is compiled, summarized, and presented on the Interactive Health Data Application (IHDA): http://www.ahw.gov.ab.ca/IHDA_Retrieval/.

Acronyms & Definitions

AHS: Alberta Health Services

AMR: Antimicrobial resistance

APL: Alberta Precision Laboratories

Case Counts: the number of cases reported to Primary and Preventative Health Services as per notifiable disease guidelines (<https://www.alberta.ca/notifiable-disease-guidelines>.)

Chemsex: sexual activity while under the influence of drugs, typically methamphetamine, mephedrone, or GHB/GBL

HIV: Human Immunodeficiency Virus

IDU: Intravenous Drug Use

IHDA: Interactive Health Data Application

LGV: Lymphogranuloma Venereum

MSM: Men who have Sex with Men

NAAT: Nucleic Acid Amplification Tests

POCT: Point-of-care testing

PPHS: Primary and Preventative Health Services

STBBI: Sexually Transmitted and Blood-Borne Infection

STI: Sexually Transmitted Infection

STICS: Sexually Transmitted Infection Centralized Services

Acknowledgments

This report was prepared in partnership and in collaboration with public health and laboratory experts from:

- Primary and Preventative Health Services (PPHS)
- Primary Care Alberta (PCA)
- Alberta Precision Laboratories (APL)

Considerations for Interpreting Surveillance Data

Efforts are taken to ensure surveillance and laboratory data collected are accurate and complete; however, interpreting surveillance data is complex. Although observed trends may be indicative of a true increase or decrease in STI/HIV cases and rates, several influencing factors should be considered:

- Changes in surveillance and data collection methods (e.g. improved contact tracing, electronic reporting).
- Changes in social behaviors, attitudes, and stigma (e.g. social media, chemsex, and public health awareness campaigns). [3]–[5]
- New diagnostic tools and increased testing/screening (e.g. Nucleic Acid Amplification Tests (NAATs) are more sensitive than previous methods; point-of-care tests (POCTs) help minimize time gaps between the test result and treatment). [6]
- Compared to females, males are more likely to experience symptoms and present for testing when infected with some STIs. [7], [8]
- In general, females of reproductive age groups are more likely to be screened for STI/HIV.
- Depending upon the site of infection, male to female transmission for some STIs occurs at a higher rate than female to male transmission. [9]–[11]
- Compared to males, females are more biologically susceptible to certain STIs (e.g. chlamydia) due to structural characteristics of their genital epithelium. [8], [11]
- Social determinants of health may impact select populations' ability to access care.
- Rates of infection calculated using small case numbers must be interpreted with caution.
- Unless otherwise noted, HIV counts and descriptions in this report are for cases where the route of acquisition was deemed to be 'locally acquired'; this differs from previous reports, where cases with out-of-country disease acquisition were also included.
- Effects of the COVID-19 pandemic on service capacity, testing, and general access to care.

1. Alberta Profile

Case Counts

A total of 24,244 STI/HIV cases were reported in 2024:

- Chlamydia: 16,307 cases, a decrease of 7.5 per cent (n = 1,317) compared to 2023.
- Gonorrhea: 5,357 cases, a decrease of 1.3 per cent (n = 72) compared to 2023.
- HIV: 435 cases, a decrease of 14.5 per cent (n = 74) compared to 2023.
- Infectious syphilis: 2,145 cases, a decrease of 20.9 per cent (n = 567) compared to 2023.

Rate of Reported Cases

- Chlamydia: 332.2 cases per 100,000 population, a decrease of 11.6 per cent compared to 2023.
- Gonorrhea: 109.1 cases per 100,000 population, a decrease of 5.8 per cent compared to 2023.
- HIV: 8.9 cases per 100,000 population, a decrease of 18.4 per cent compared to 2023.
- Infectious syphilis: 43.7 cases per 100,000 population, a decrease of 24.5 per cent compared to 2023.

Gender and Age

- Chlamydia cases: 59.2 per cent were female, of which 53.8 per cent were 15-24 years old.
- Gonorrhea cases: 58.4 per cent were male, of which 37.2 per cent were 30-39 years old.
- HIV cases: 43.4 per cent were female, of which 43.9 per cent were 25-39 years old.
- Infectious syphilis cases: 56.2 per cent were male, of which 37.4 per cent were 30-39 years old.

Spatial Distribution

- The highest chlamydia rates among AHS Zones were North Zone (462.3 cases per 100,000 population) and Edmonton Zone (354.5 cases per 100,000 population).
- The highest gonorrhea rates among AHS Zones were Edmonton Zone (148.7 cases per 100,000 population) and North Zone (136.1 cases per 100,000 population).
- The highest HIV rates among AHS Zones were Edmonton Zone (12.3 cases per 100,000 population) and Calgary Zone (9.2 cases per 100,000 population).
- The highest infectious syphilis rates among AHS Zones were North Zone (98.3 cases per 100,000 population) and Edmonton Zone (53.7 cases per 100,000 population).

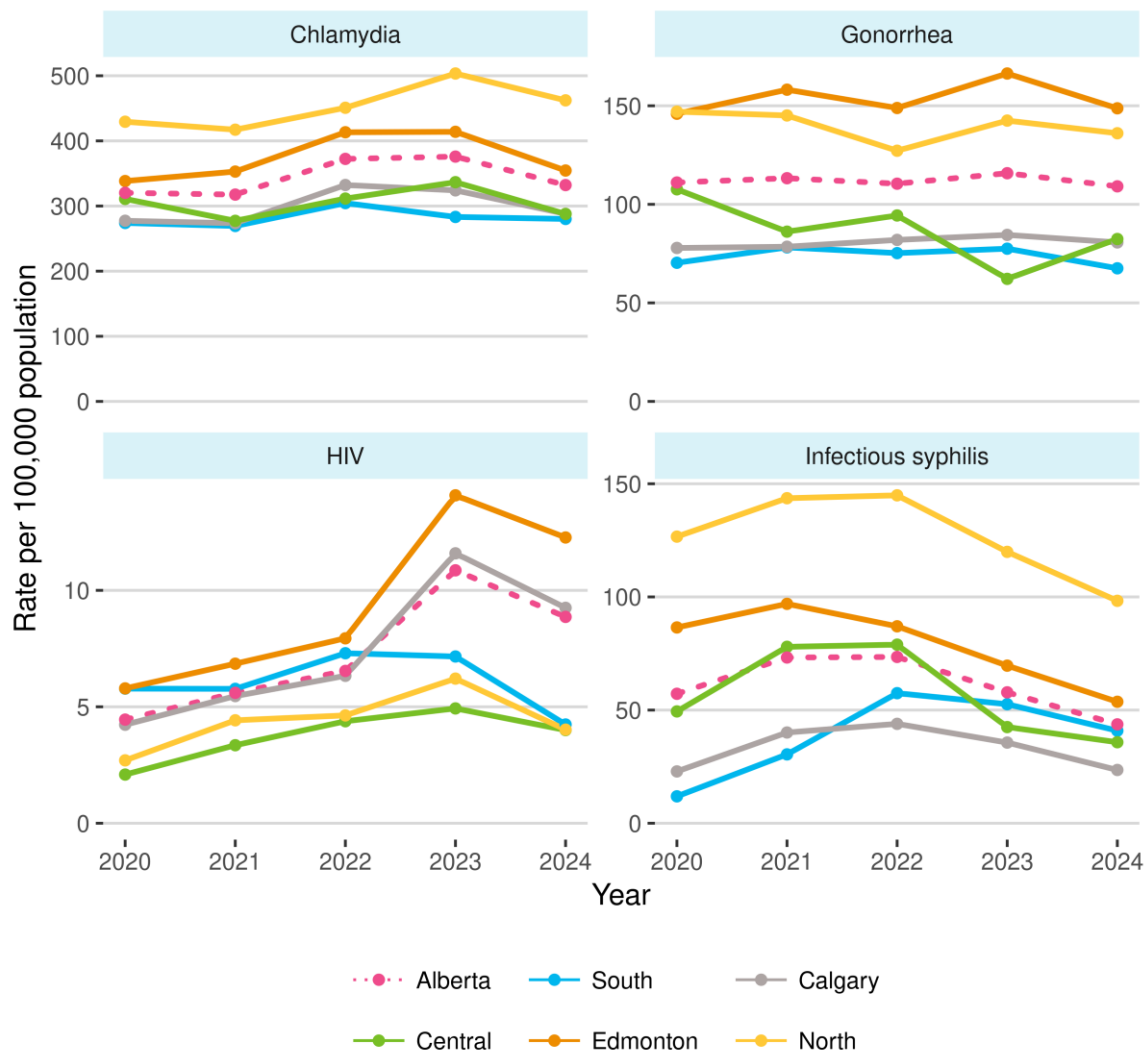


Figure 1. Rates of reported STIs/HIV for Alberta and AHS Zones, 2020 to 2024.

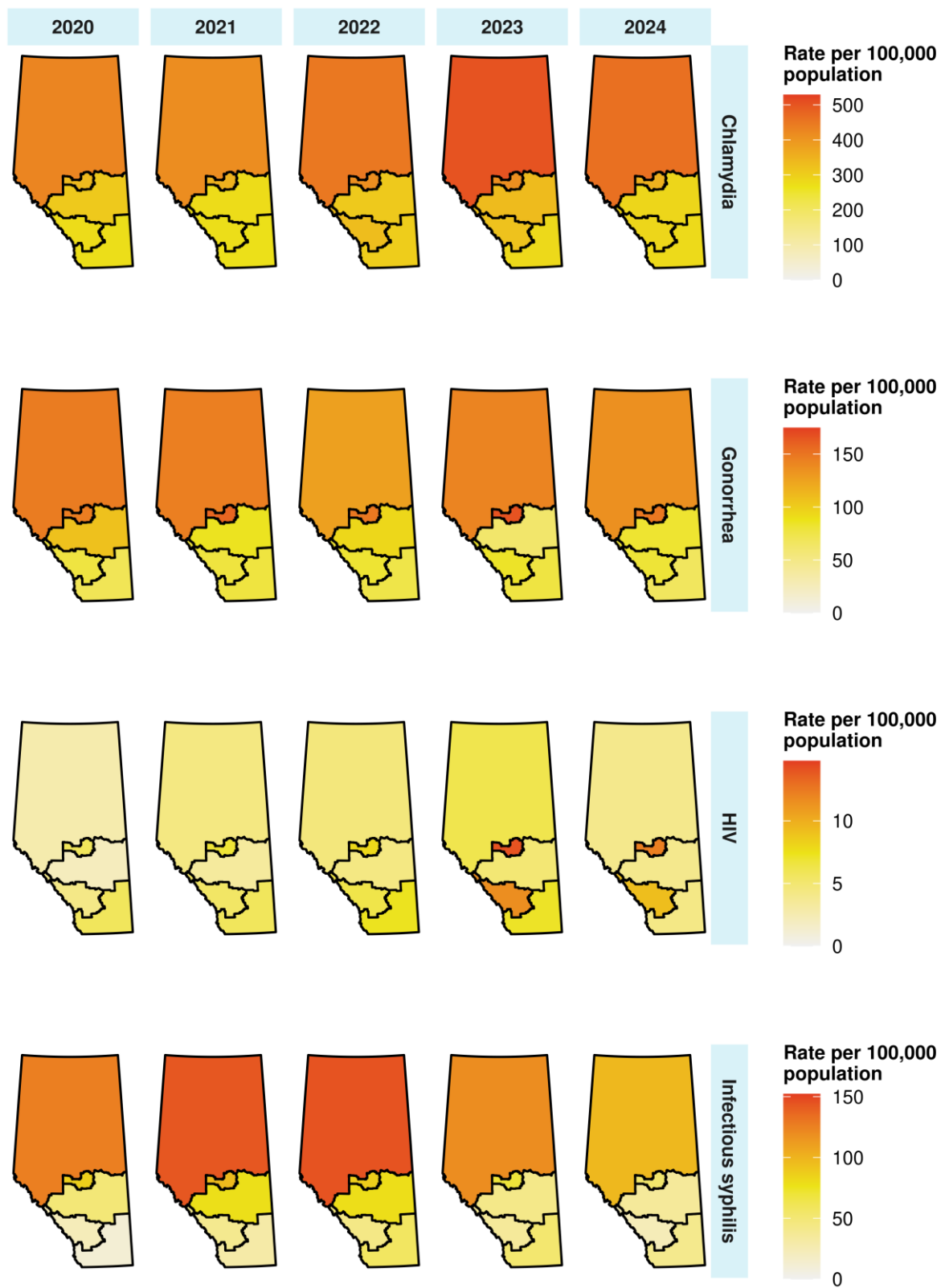


Figure 2. Rates of reported STIs/HIV by AHS Zones, 2020 to 2024.

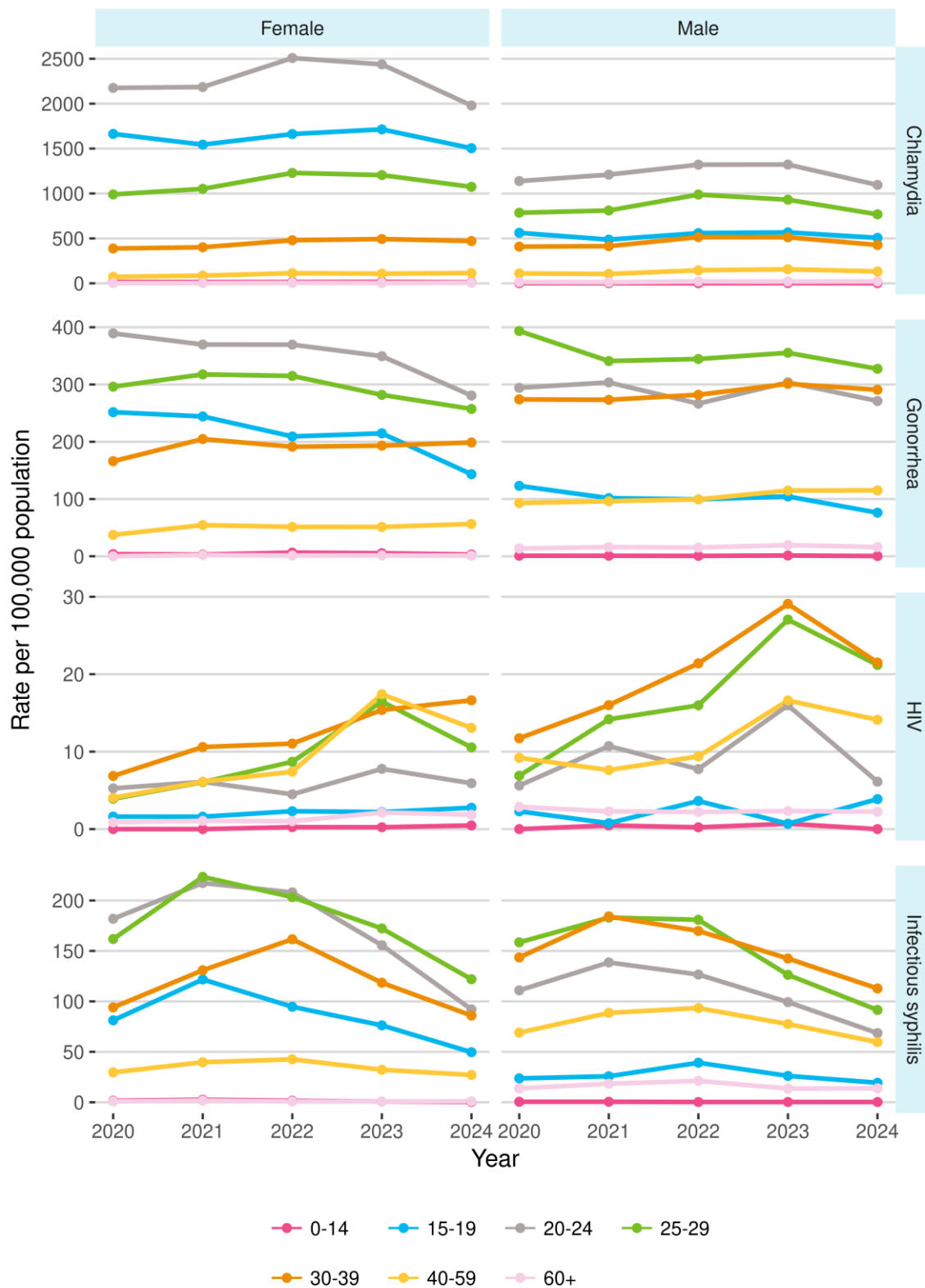
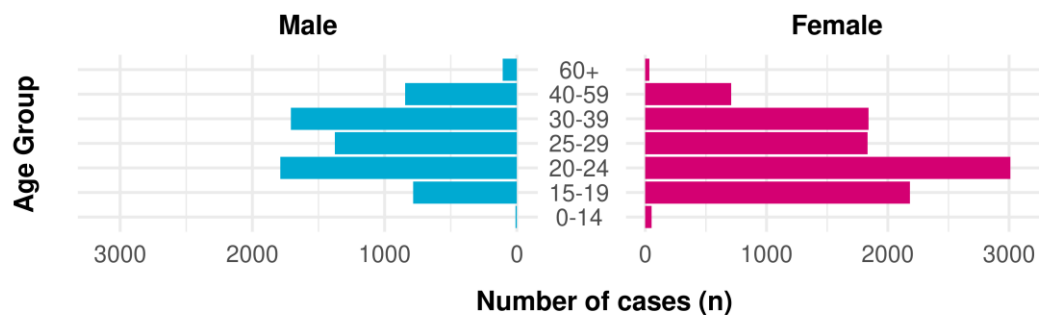


Figure 3. STI/HIV rates by age and gender in Alberta, 2020 to 2024.

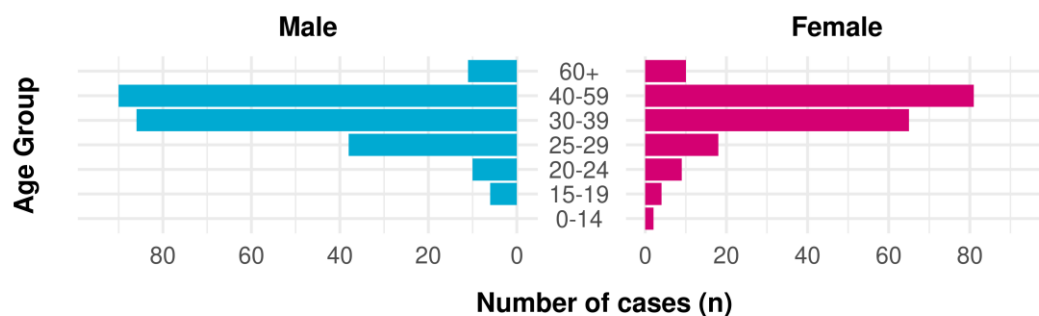
Chlamydia



Gonorrhea



HIV



Infectious syphilis

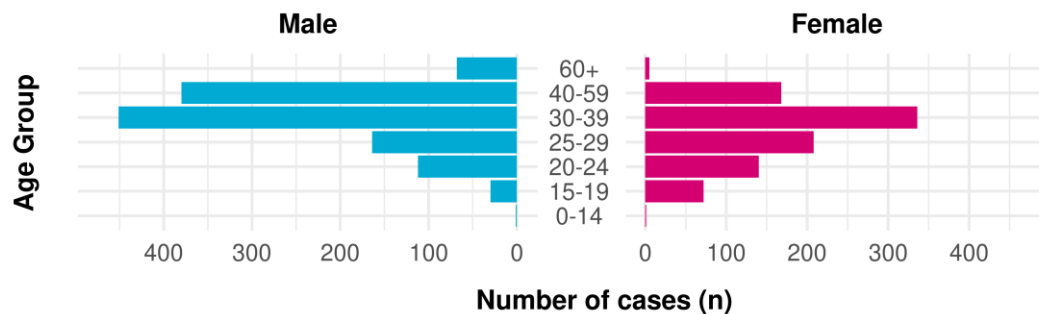


Figure 4. STI/HIV cases by age and gender in Alberta, 2020 to 2024.

HIV Exposure Categories

This year, Alberta’s STI/HIV report classifies HIV cases into two broad categories: ‘locally acquired in Canada’ and ‘acquired outside of Canada.’ This classification enhances the understanding of HIV epidemiology in Alberta by distinguishing between domestic transmission patterns and non-domestic transmission. Exposure categories are assigned using an algorithm based on the most likely route of transmission. These two broader categories are described as follows:

- **Acquired out of country:** Includes individuals reported as HIV positive whose first positive test was prior to arriving in Canada, individuals who were identified through immigration screening, or individuals whose first positive test was within one year of their arrival. While there are limitations in estimating precisely when an individual may have acquired HIV, this grouping intends to categorize newcomers who most likely acquired HIV prior to arriving in or residing in Canada. Further breakdown of exposure categories, or factors associated with acquisition of HIV among this group, are not available. Many of these individuals were aware of their HIV-positive status prior to coming to Canada, and their identification as cases has supported their connection to care in Alberta. Reporting cases of HIV acquired out of country in provincial surveillance ensures that healthcare services, like treatment, are appropriately resourced and that community support services can undertake planning to meet the needs of all Albertans living with HIV.
- **Locally acquired in Canada:** Includes all other cases not classified above, including individuals who may have acquired HIV in other provinces but were first tested or diagnosed in Alberta. This category helps identify patterns of domestic transmission and transmission among Alberta residents to inform targeted prevention efforts within Alberta. One limitation within this category is not being able to identify Alberta residents who may have acquired HIV when travelling abroad.

While many jurisdictions only report on locally acquired cases, Alberta’s inclusion of cases acquired outside of Canada provides a more comprehensive picture of the number of people living with HIV in the province. It highlights the broader implications for healthcare service planning and delivery, community support systems and organizations, resource allocation, prevention efforts, and reinforces the importance of inclusion and culturally safe care.

In 2024, there were 126 HIV cases reported in Alberta believed to be locally acquired in Canada, compared to 193 cases in 2023. Of these cases, the most common route of acquiring HIV in 2024 was heterosexual exposure (43.7 per cent). In 2024, there were 309 cases believed to have been acquired out of country, compared to 316 in 2023. The percentage of cases in Alberta who acquired HIV out of country has increased over the past five years, growing from a low of 29.2 per cent of cases reported in 2020 (57 of 195 cases) to 71.0 per cent of cases in 2024 (309 of 435 cases). Among this group, approximately 75 per cent of people in 2024 reported that they had a previous test that was HIV positive and were aware of their HIV status prior to entering the country. However, their testing in Canada supported their linkage to care.

Table 1. Number and proportion of HIV infections attributed to overarching exposure categories in Alberta, 2020 to 2024.

Exposure	2020	2021	2022	2023	2024
Locally Acquired	139 (70.8%)	173 (69.8%)	170 (57.6%)	193 (37.9%)	126 (29.0%)
Acquired Out of Country	57 (29.2%)	75 (30.2%)	125 (42.4%)	316 (62.1%)	309 (71.0%)
Total - Alberta	196	248	295	509	435

Table 2. Number and per cent of HIV infections among locally acquired cases and their respective exposure categories in Alberta, 2020 to 2024.

Exposure	2020	2021	2022	2023	2024
Locally Acquired	139	173	170	193	126
Heterosexual Exposure	52 (37.4%)	79 (45.7%)	62 (36.5%)	78 (40.4%)	55 (43.7%)
MSM	40 (28.8%)	46 (26.6%)	46 (27.1%)	57 (29.5%)	33 (26.2%)
IDU	31 (22.3%)	32 (18.5%)	40 (23.5%)	28 (14.5%)	21 (16.7%)
Other/Unknown	12 (8.76%)	9 (5.2%)	9 (5.3%)	14 (7.3%)	10 (7.9%)
MSM & IDU	4 (2.9%)	7 (4.0%)	12 (7.1%)	14 (7.3%)	6 (4.8%)
Perinatal	0 (0.0%)	0 (0.0%)	1 (0.6%)	2 (1.0%)	1 (0.8%)

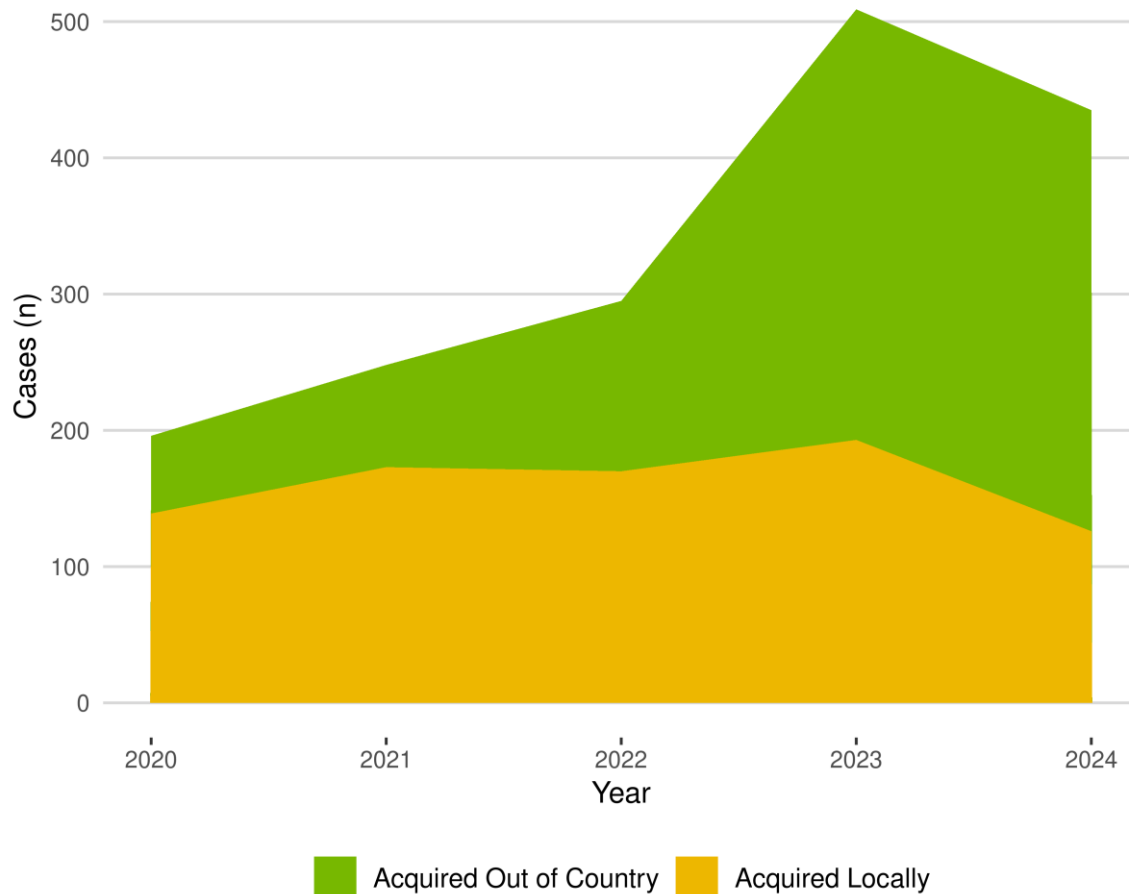


Figure 5. Number of HIV infections believed to have been acquired out of country or locally in Alberta, 2020 to 2024.
Note (1): Assignment to exposure categories is determined hierarchically by the most probable route of acquiring HIV. The term ‘acquired out country’ refers to HIV cases who have been flagged as HIV positive through immigration screening, whose first positive HIV test was prior to arriving in Canada, or whose first positive test was within one year of their arrival in Canada. Cases deemed ‘acquired locally’ may have been acquired elsewhere in Canada but are reported in Alberta, most often because it is the location of the first positive test.

Congenital Syphilis in Alberta

With rising rates of infectious syphilis in Alberta, there has been increased efforts to test, treat, and prevent congenital syphilis.

- A total of 396 congenital syphilis cases have been diagnosed between 2015 and 2024, 64 of which were stillborn.
- Rates of congenital syphilis (live and stillborn) per 100,000 live births have increased from 1.8 to 101.4 between 2015 and 2024.
- In 2024, 52 congenital syphilis cases were reported, a decrease of 13.3 per cent (n = 8) compared to 2023. The rate was 101.4 cases per 100,000 live births, a decrease of 19.1 per cent compared to 2023.
- Cases were diagnosed in 2024 across all five AHS Zones (North, Edmonton, Central, Calgary, South), with the majority (n = 15) in Edmonton Zone.
- Pregnant persons with untreated syphilis can also result in miscarriages. Routine surveillance does not capture all miscarriages, as many go unreported, as thus the reported impact of congenital syphilis in Alberta is expected to be underestimated.

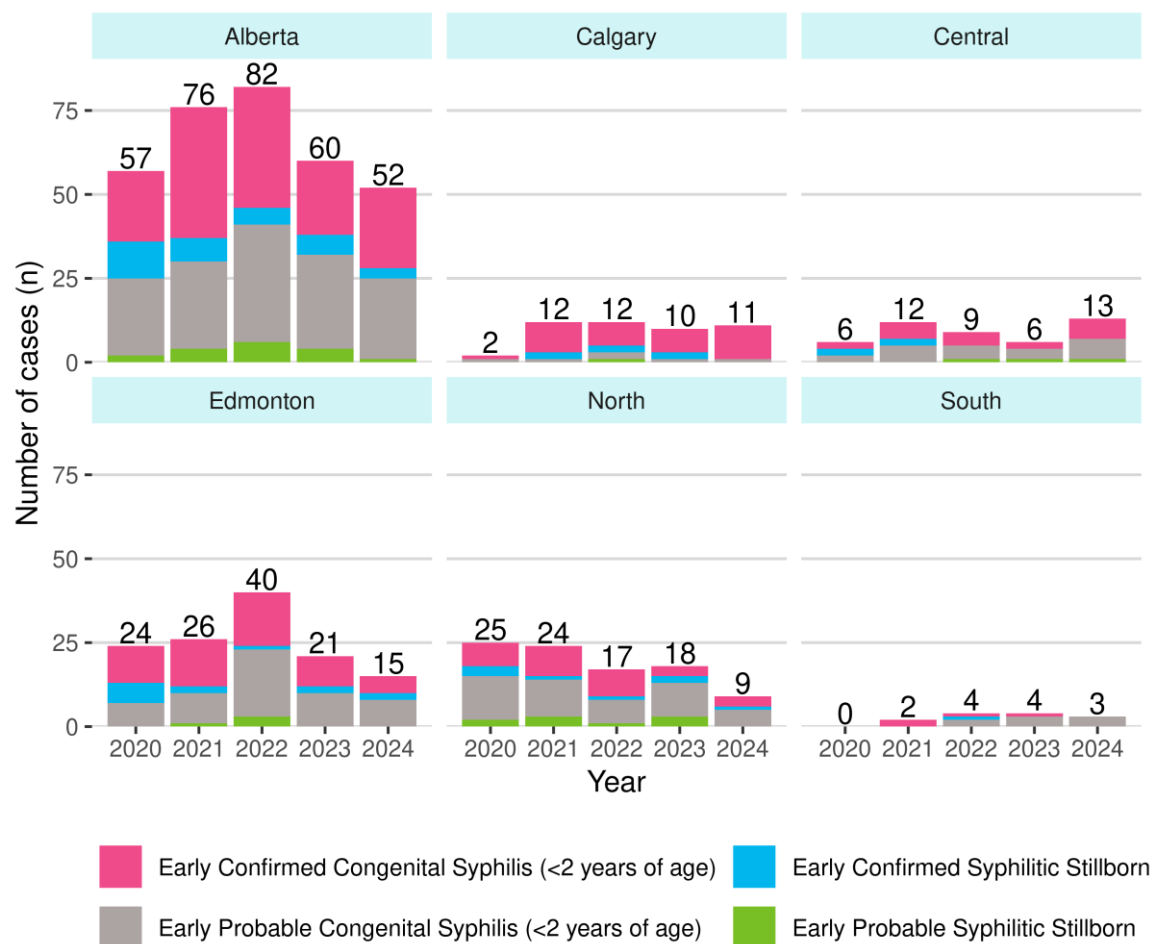


Figure 6. Counts of congenital syphilis for Alberta and AHS Zones, 2020 to 2024. Cases where the zone is unknown are included in the Alberta total.

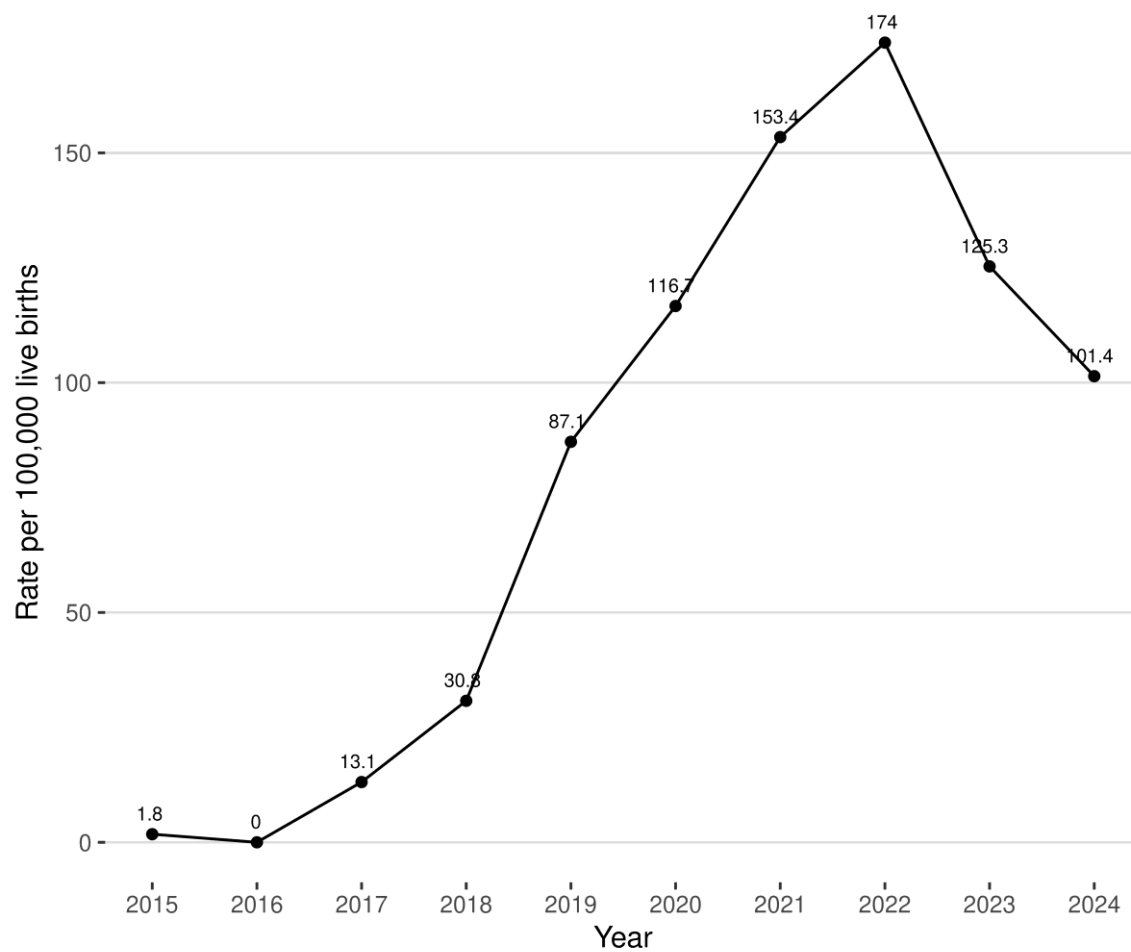


Figure 7. Rate of congenital syphilis in Alberta, 2015 to 2024.

Non-infectious Syphilis in Alberta

Non-infectious syphilis occurs when a case is untreated and progresses to late-latent or tertiary stages of infection, typically after more than one year since the infection was acquired. At these stages, while the infection is no longer sexually communicable, severe health consequences are possible. Between 2020 and 2024, 2,990 non-infectious syphilis cases were reported to PPHS, with the highest rates in 2024 in North and Calgary Zones (23.3 and 17.8 cases per 100,000 population, respectively). Since 2020, non-infectious syphilis cases have been increasing (338 in 2020 to 841 in 2024), with the largest per cent change among females (170.8% increase) during this period.

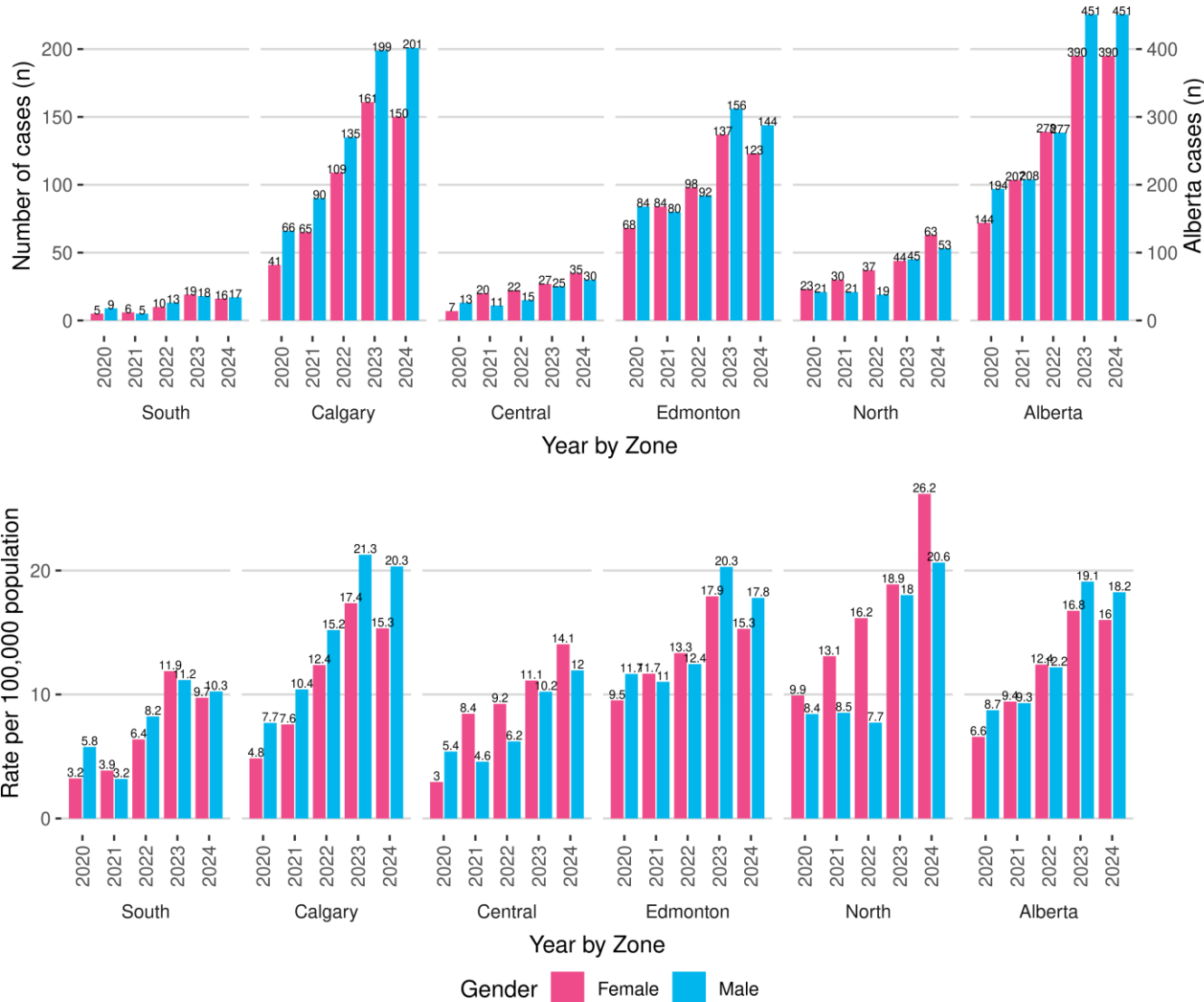


Figure 8. Counts and rates of non-infectious syphilis by gender for Alberta and AHS Zones, 2020 to 2024. Note: Zone is unknown for 28 cases over this time period.

Antimicrobial Resistance of *Neisseria gonorrhoeae*

Alberta maintains surveillance of the antimicrobial resistance (AMR) of *Neisseria gonorrhoeae* to ensure effectiveness of current recommended treatment guidelines [12]. AMR is monitored through three sentinel sites in Alberta (i.e., Calgary, Edmonton, and Fort McMurray STI Clinics) where clients are routinely screened using both NAAT and cultures. In addition, collection of culture by all healthcare providers is recommended for all patients with sexual contact outside Canada, presumed treatment failure, sexual assault/abuse, and symptomatic men with same sex partners. All culture positive specimens are sent to the Alberta Precision Laboratories (APL) for antimicrobial susceptibility testing using E-test (gradient diffusion). Decreased susceptibility of isolates is based on Clinical and Laboratory Standards Institute (CLSI) guidelines: azithromycin (>1 µg/ml), cefixime (>0.25 µg/ml), and ceftriaxone (>0.25 µg/ml). From 2008 to 2024, 12,652 *Neisseria gonorrhoeae* isolates had susceptibility testing completed by APL. While there were more isolates identified with decreased susceptibility to azithromycin in 2024 (n=37) than in 2023 (n=23), the overall proportion of these isolates remains low (Figure 9). In 2024, there was one isolate resistant to both cefixime and ceftriaxone.

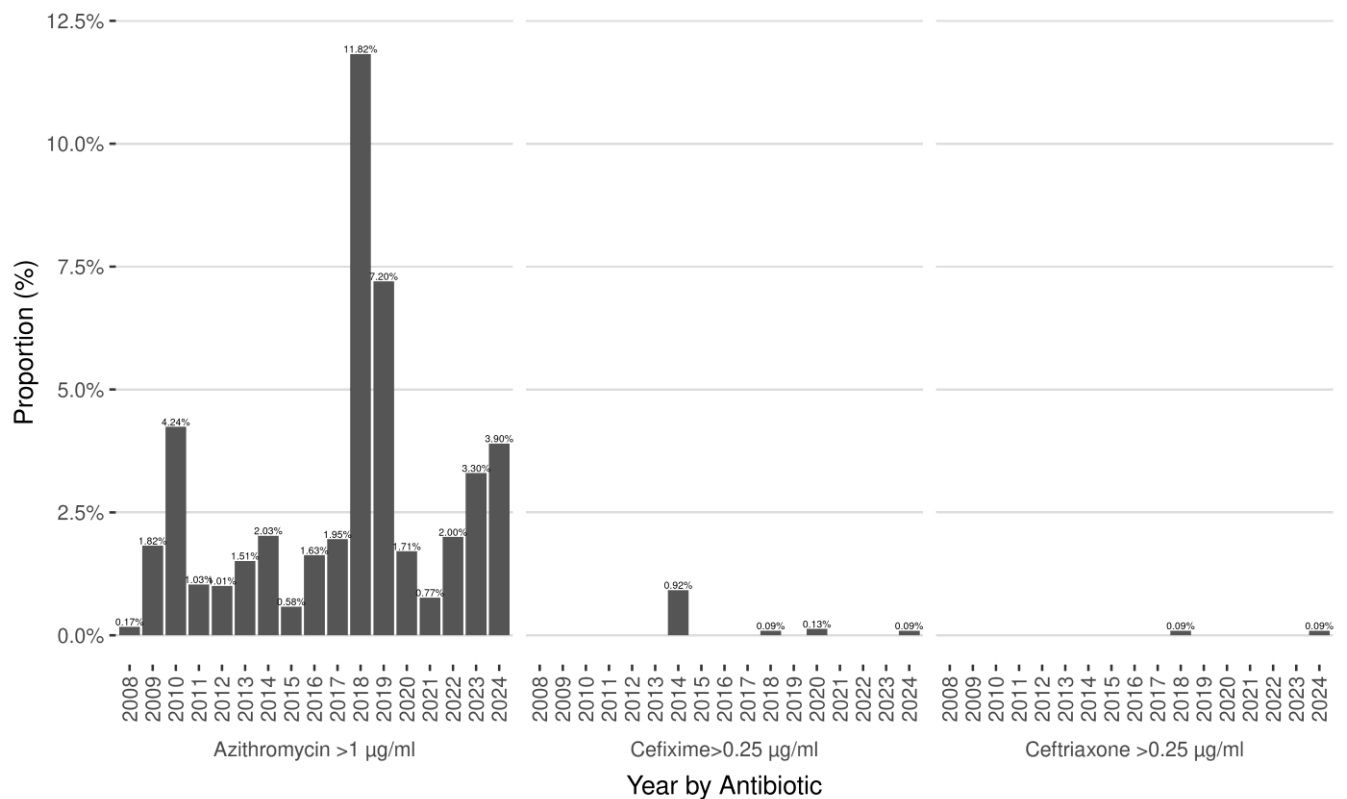


Figure 9. Proportion of *Neisseria gonorrhoeae* isolates with antimicrobial resistance to azithromycin or decreased susceptibility to cefixime or ceftriaxone, 2008 to 2024.

2. South Zone Profile

Case Counts

A total of 1,297 STI/HIV cases were reported in 2024:

- Chlamydia: 925 cases, an increase of 1.6 per cent (n = 15) compared to 2023.
- Gonorrhea: 223 cases, a decrease of 10.4 per cent (n = 26) compared to 2023.
- HIV: 14 cases, a decrease of 39.1 per cent (n = 9) compared to 2023.
- Infectious syphilis: 135 cases, a decrease of 20.1 per cent (n = 34) compared to 2023.

Rate of Reported Cases

- Chlamydia: 280.2 cases per 100,000 population, a decrease of 1.1 per cent compared to 2023.
- Gonorrhea: 67.5 cases per 100,000 population, a decrease of 12.9 per cent compared to 2023.
- HIV: 4.2 cases per 100,000 population, a decrease of 40.8 per cent compared to 2023.
- Infectious syphilis: 40.9 cases per 100,000 population, a decrease of 22.3 per cent compared to 2023.

Gender and Age

- Chlamydia cases: 62.4 per cent were female, of which 57.2 per cent were 15-24 years old.
- Gonorrhea cases: 52.9 per cent were male, of which 37.3 per cent were 20-29 years old.
- HIV cases: 43.4 per cent were female, of which 43.9 per cent were 25-39 years old.
- Infectious syphilis cases: 49.6 per cent were male, of which 34.3 per cent were 40-59 years old.

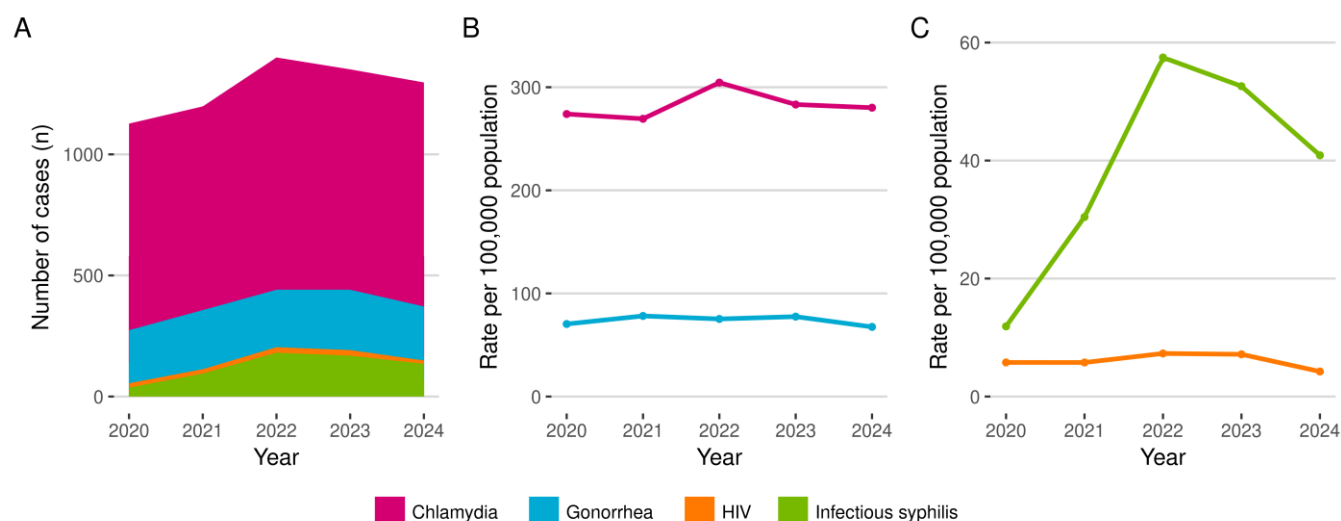


Figure 10. Counts and rates of STIs/HIV in South Zone, 2020 to 2024. (A) Counts per year grouped by infection type, (B) Rates per 100,000 population by year for chlamydia and gonorrhea, and (C) Rates per 100,000 population by year for HIV and infectious syphilis.

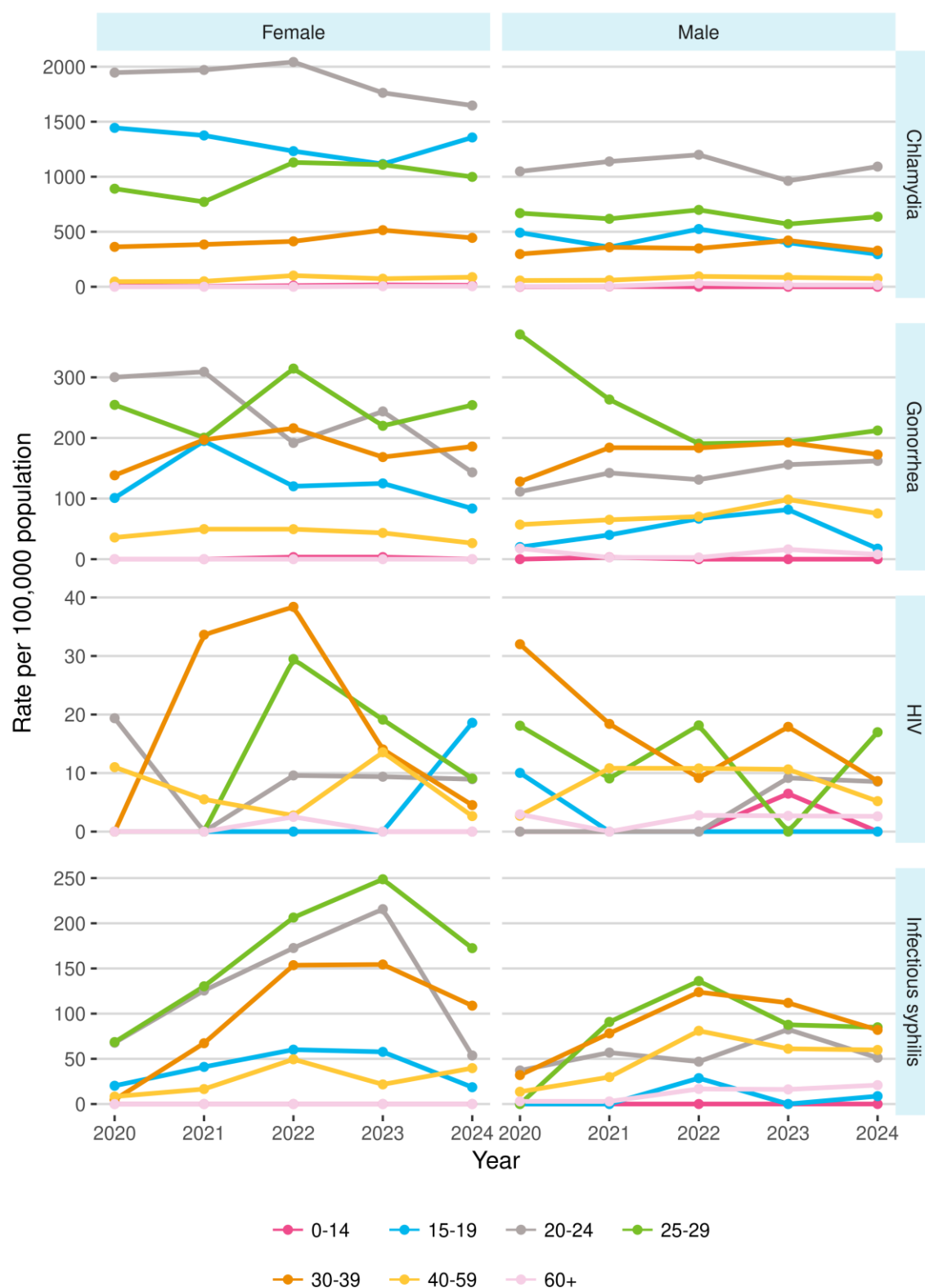
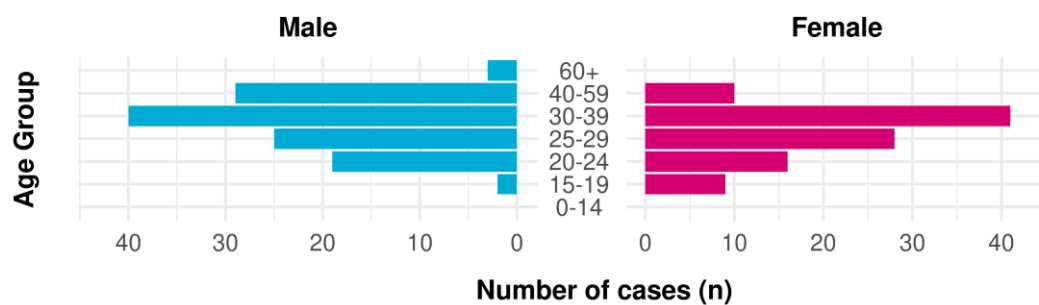


Figure 11. STI/HIV rates by age and gender in South Zone, 2020 to 2024.

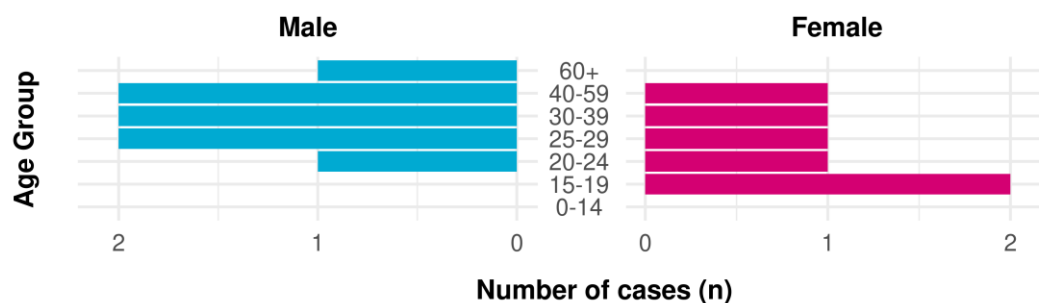
Chlamydia



Gonorrhea



HIV



Infectious syphilis

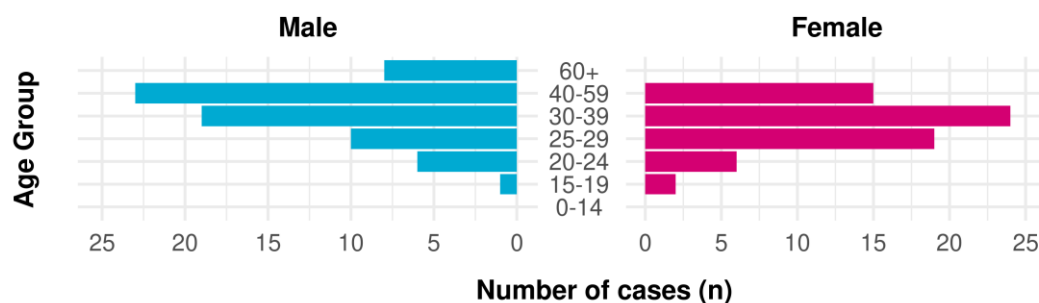


Figure 12. STI/HIV cases by age and gender in South Zone, 2024.

3. Calgary Zone Profile

Case Counts

A total of 7,897 STI/HIV cases were reported in 2024:

- Chlamydia: 5,665 cases, a decrease of 6.2 per cent (n = 372) compared to 2023.
- Gonorrhea: 1,587 cases, an increase of 0.8 per cent (n = 13) compared to 2023.
- HIV: 182 cases, a decrease of 15.7 per cent (n = 34) compared to 2023.
- Infectious syphilis: 463 cases, a decrease of 30.3 per cent (n = 201) compared to 2023.

Rate of Reported Cases

- Chlamydia: 288 cases per 100,000 population, a decrease of 11.1 per cent compared to 2023.
- Gonorrhea: 80.7 cases per 100,000 population, a decrease of 4.5 per cent compared to 2023.
- HIV: 9.2 cases per 100,000 population, a decrease of 20.2 per cent compared to 2023.
- Infectious syphilis: 23.5 cases per 100,000 population, a decrease of 34.0 per cent compared to 2023.

Gender and Age

- Chlamydia cases: 55.7 per cent were female, of which 54.8 per cent were 15-24 years old.
- Gonorrhea cases: 74.5 per cent were male, of which 35.3 per cent were 30-39 years old.
- HIV cases: 43.4 per cent were female, of which 43.9 per cent were 25-39 years old.
- Infectious syphilis cases: 63.9 per cent were male, of which 36.1 per cent were 30-39 years old.

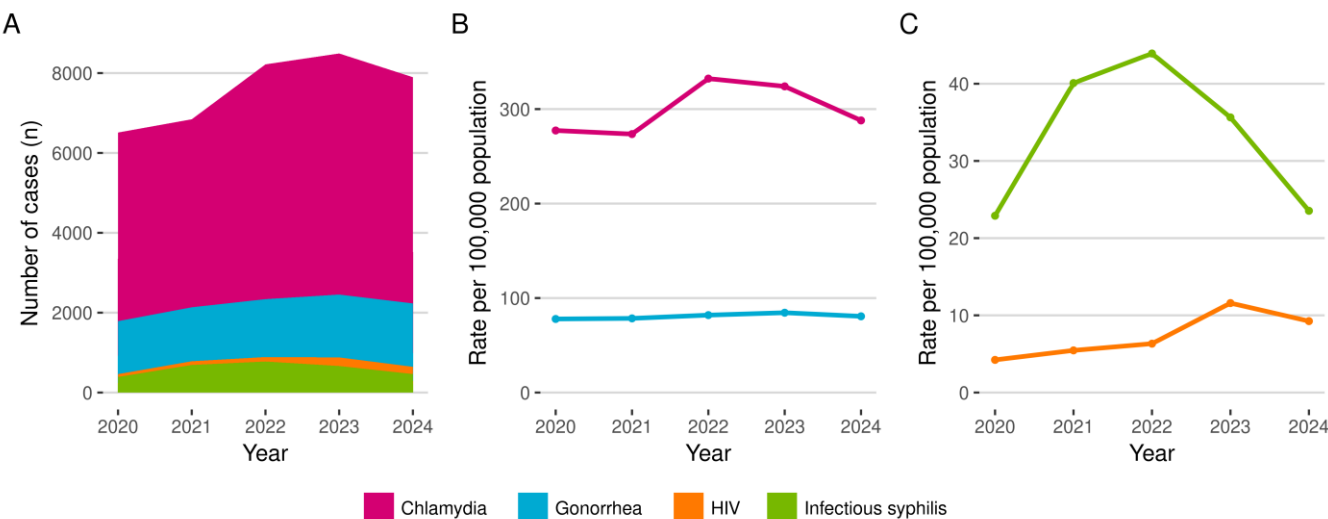


Figure 13. Counts and rates of STIs/HIV in Calgary Zone, 2020 to 2024. (A) Counts per year grouped by infection type, (B) Rates per 100,000 population by year for chlamydia and gonorrhea, and (C) Rates per 100,000 population by year for HIV and infectious syphilis.

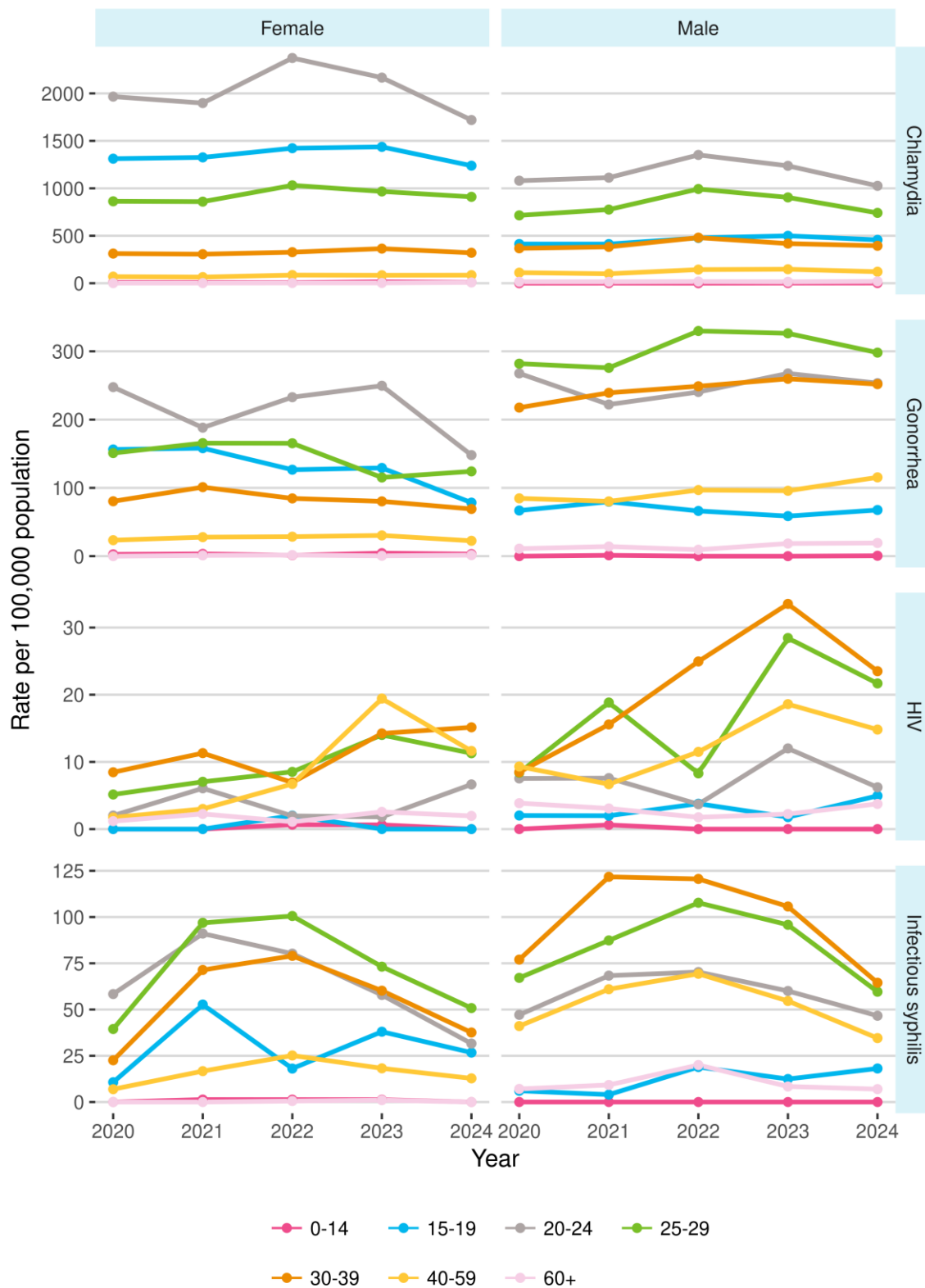
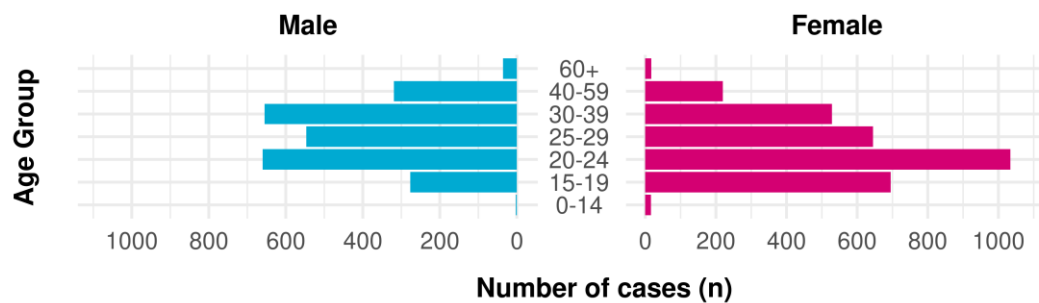


Figure 14. STI/HIV rates by age and gender in Calgary Zone, 2020 to 2024.

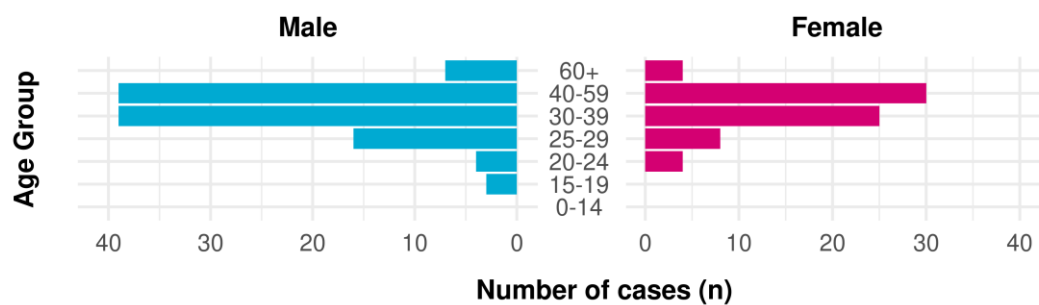
Chlamydia



Gonorrhea



HIV



Infectious syphilis

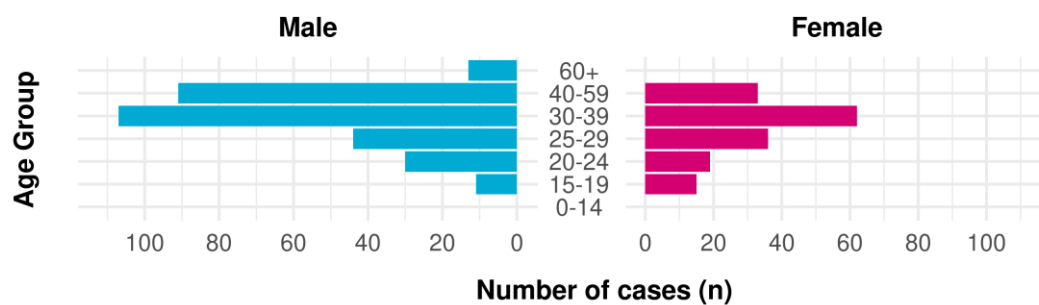


Figure 15. STI/HIV cases by age and gender in Calgary Zone, 2024.

4. Central Zone Profile

Case Counts

A total of 2,050 STI/HIV cases were reported in 2024:

- Chlamydia: 1,439 cases, a decrease of 12.3 per cent (n = 201) compared to 2023.
- Gonorrhea: 412 cases, an increase of 36.0 per cent (n = 109) compared to 2023.
- HIV: 20 cases, a decrease of 16.7 per cent (n = 4) compared to 2023.
- Infectious syphilis: 179 cases, a decrease of 13.5 per cent (n = 28) compared to 2023.

Rate of Reported Cases

- Chlamydia: 287.8 cases per 100,000 population, a decrease of 14.5 per cent compared to 2023.
- Gonorrhea: 82.4 cases per 100,000 population, an increase of 32.5 per cent compared to 2023.
- HIV: 4 cases per 100,000 population, a decrease of 18.9 per cent compared to 2023.
- Infectious syphilis: 35.8 cases per 100,000 population, a decrease of 15.7 per cent compared to 2023.

Gender and Age

- Chlamydia cases: 65.3 per cent were female, of which 64.1 per cent were 15-24 years old.
- Gonorrhea cases: 52.9 per cent were male, of which 39.4 per cent were 30-39 years old.
- HIV cases: 43.4 per cent were female, of which 43.9 per cent were 25-39 years old.
- Infectious syphilis cases: 52.0 per cent were male, of which 40.9 per cent were 30-39 years old.

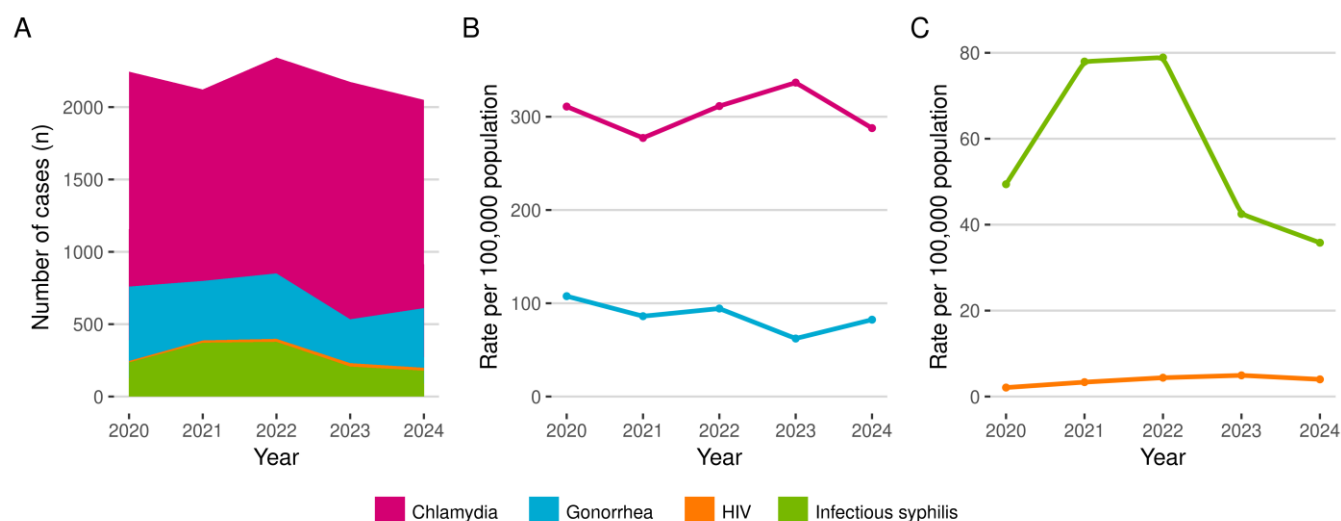


Figure 16. Counts and rates of STIs/HIV in Central Zone, 2020 to 2024. (A) Counts per year grouped by infection type, (B) Rates per 100,000 population by year for chlamydia and gonorrhea, and (C) Rates per 100,000 population by year for HIV and infectious syphilis.

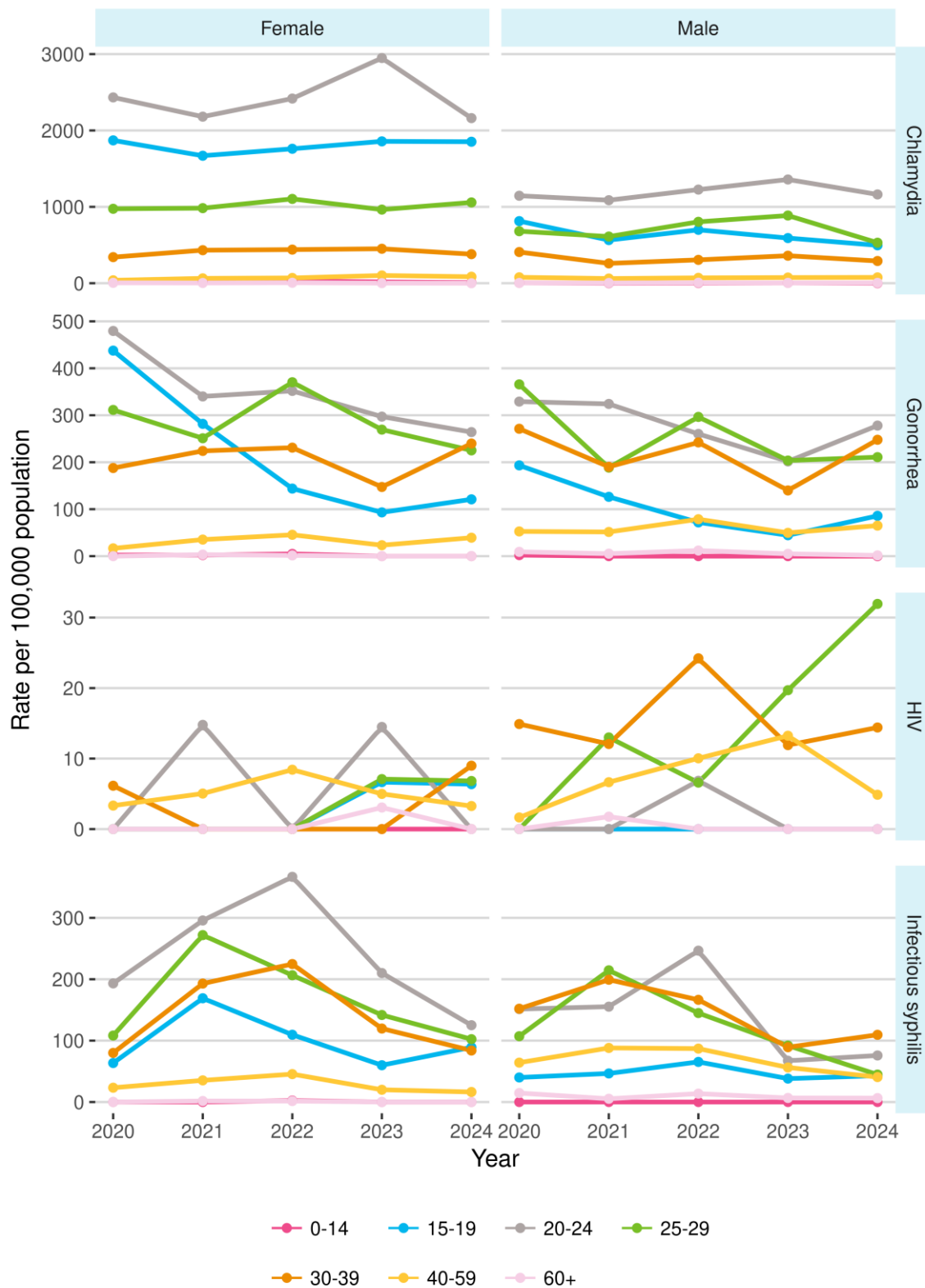
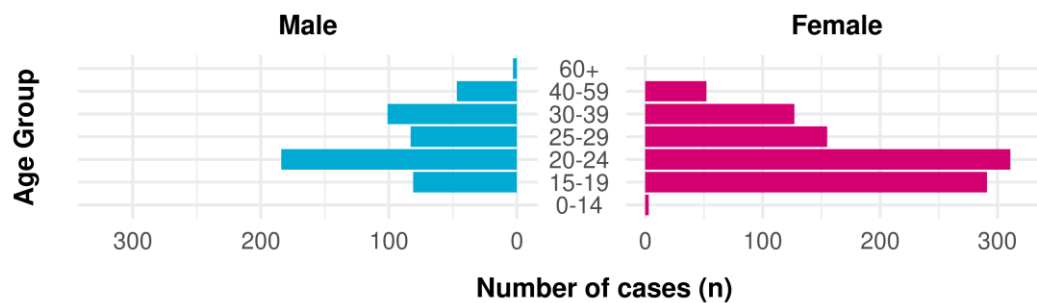


Figure 17. STI/HIV rates by age and gender in Central Zone, 2020 to 2024.

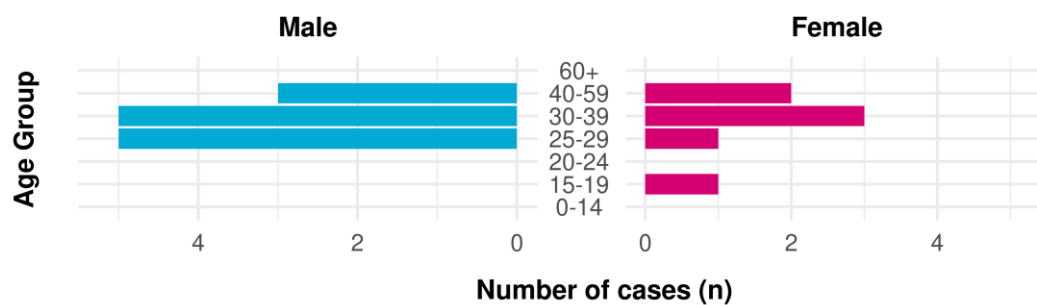
Chlamydia



Gonorrhea



HIV



Infectious syphilis

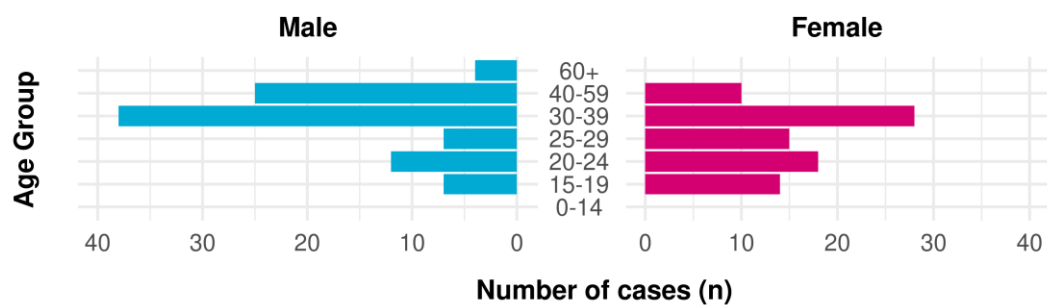


Figure 18. STI/HIV cases by age and gender in Central Zone, 2024.

5. Edmonton Zone Profile

Case Counts

A total of 9,185 STI/HIV cases were reported in 2024:

- Chlamydia: 5,721 cases, a decrease of 9.9 per cent (n = 628) compared to 2023.
- Gonorrhea: 2,400 cases, a decrease of 6.0 per cent (n = 152) compared to 2023.
- HIV: 198 cases, a decrease of 8.3 per cent (n = 18) compared to 2023.
- Infectious syphilis: 866 cases, a decrease of 18.9 per cent (n = 202) compared to 2023.

Rate of Reported Cases

- Chlamydia: 354.5 cases per 100,000 population, a decrease of 14.4 per cent compared to 2023.
- Gonorrhea: 148.7 cases per 100,000 population, a decrease of 10.6 per cent compared to 2023.
- HIV: 12.3 cases per 100,000 population, a decrease of 12.9 per cent compared to 2023.
- Infectious syphilis: 53.7 cases per 100,000 population, a decrease of 22.9 per cent compared to 2023.

Gender and Age

- Chlamydia cases: 59.5 per cent were female, of which 50.6 per cent were 15-24 years old.
- Gonorrhea cases: 52.7 per cent were male, of which 38.4 per cent were 30-39 years old.
- HIV cases: 43.4 per cent were female, of which 43.9 per cent were 25-39 years old.
- Infectious syphilis cases: 56.9 per cent were male, of which 38.5 per cent were 30-39 years old.

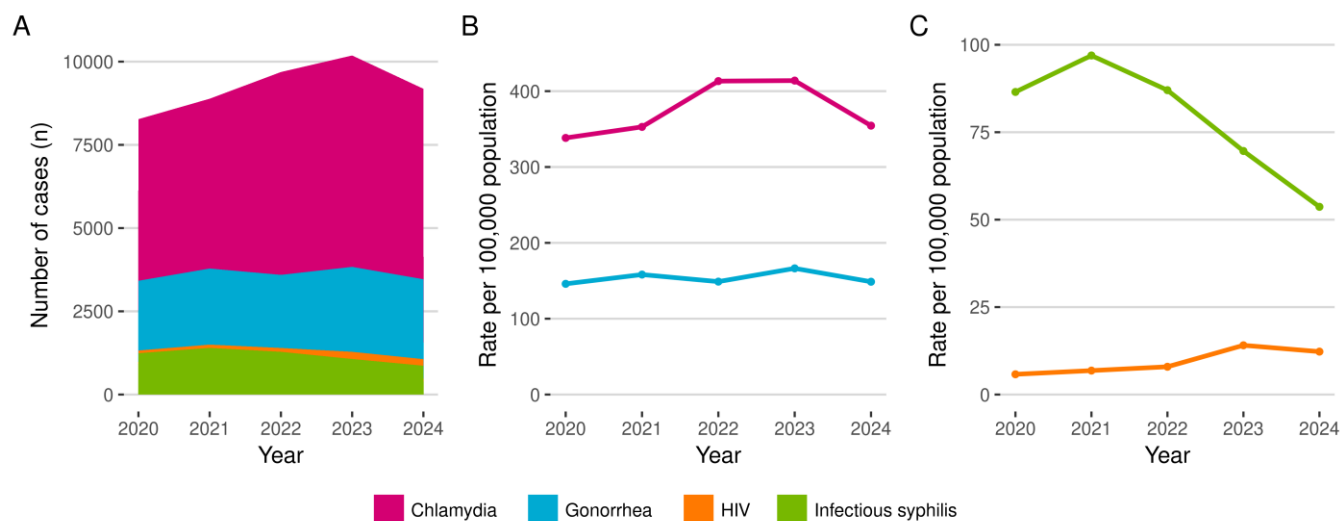


Figure 19. Counts and rates of STIs/HIV in Edmonton Zone, 2020 to 2024. (A) Counts per year grouped by infection type, (B) Rates per 100,000 population by year for chlamydia and gonorrhea, and (C) Rates per 100,000 population by year for HIV and infectious syphilis.

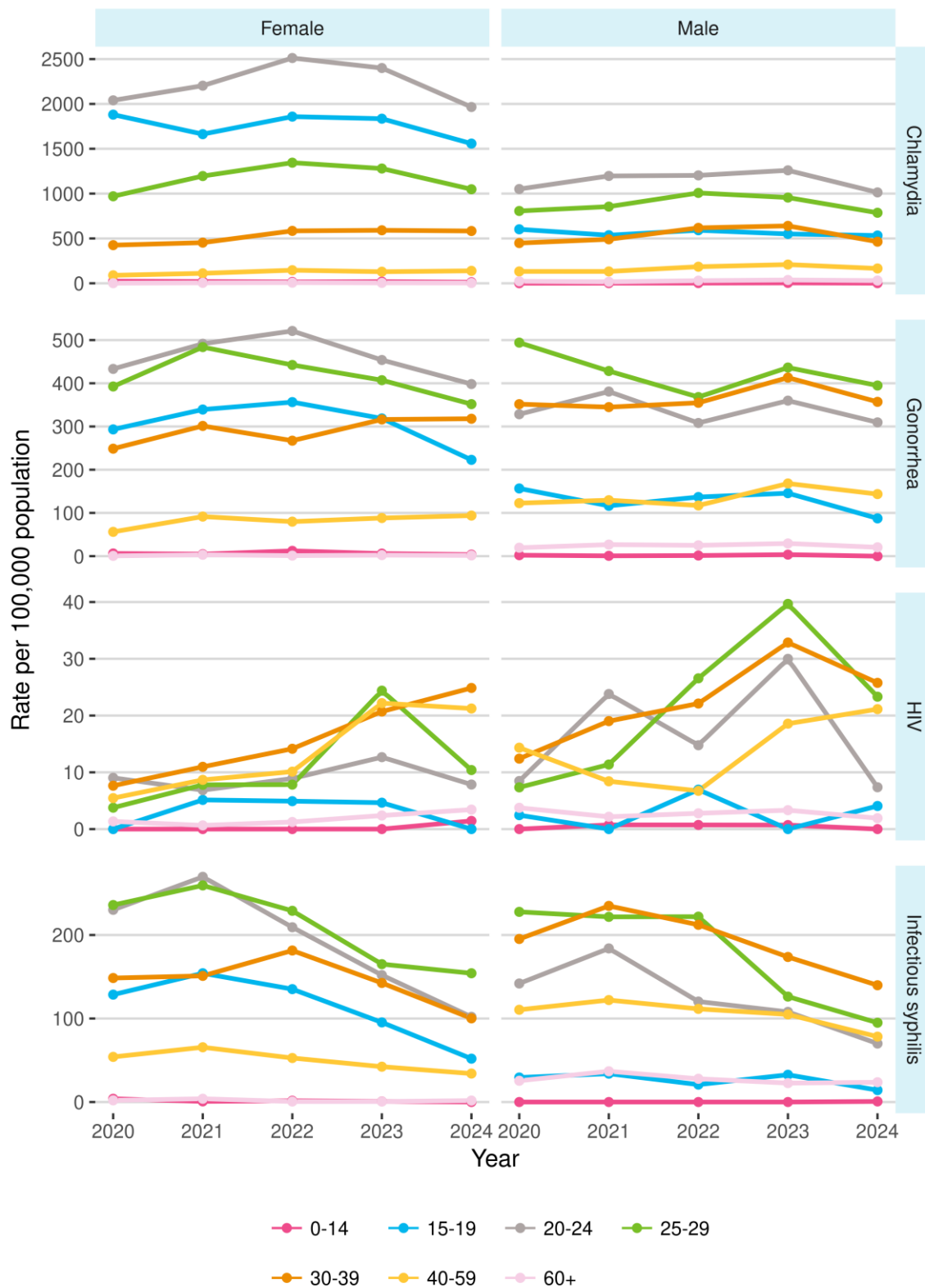
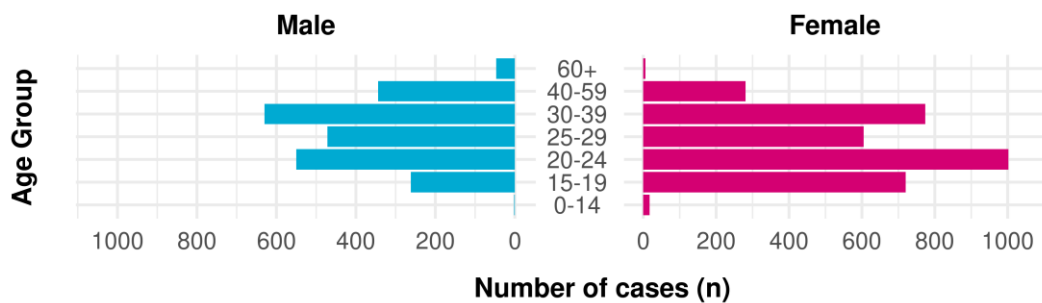
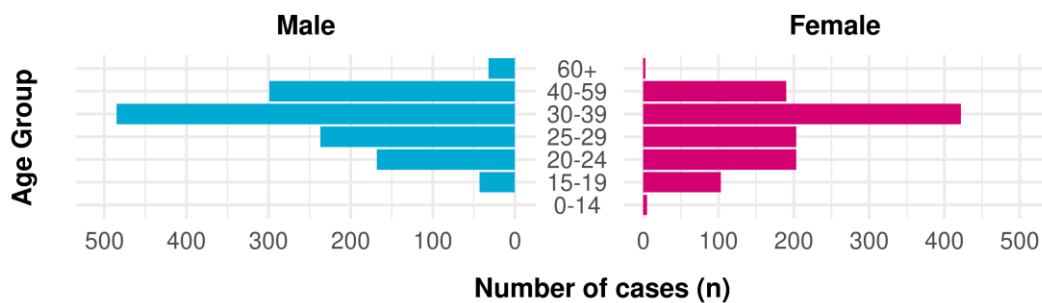


Figure 20. STI/HIV rates by age and gender in Edmonton Zone, 2020 to 2024.

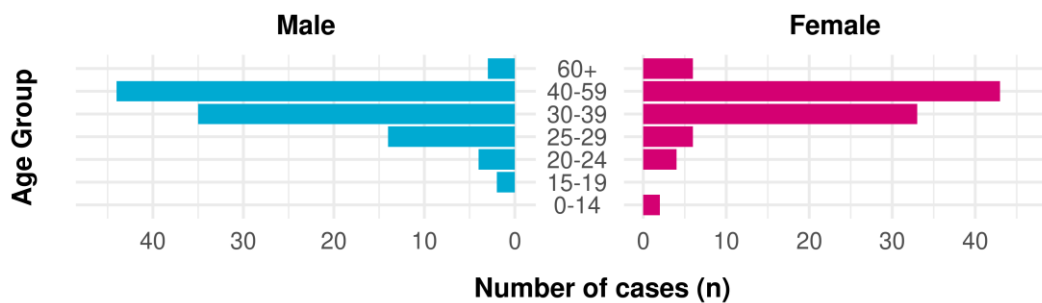
Chlamydia



Gonorrhea



HIV



Infectious syphilis

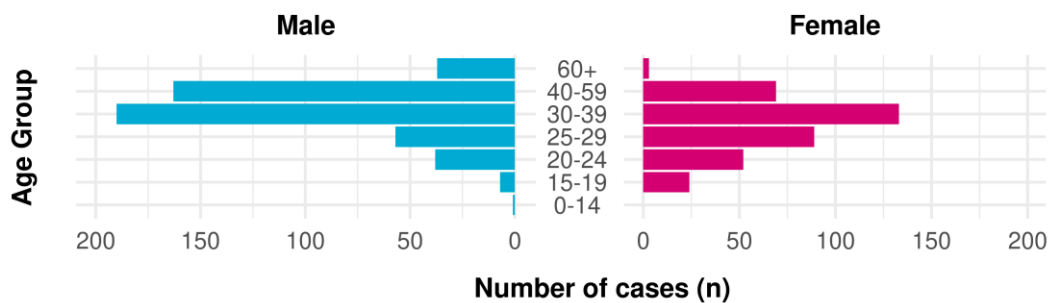


Figure 21. STI/HIV cases by age and gender in Edmonton Zone, 2024.

6. North Zone Profile

Case Counts

A total of 3,486 STI/HIV cases were reported in 2024:

- Chlamydia: 2,300 cases, a decrease of 5.4 per cent (n = 131) compared to 2023.
- Gonorrhea: 677 cases, a decrease of 1.6 per cent (n = 11) compared to 2023.
- HIV: 20 cases, a decrease of 33.3 per cent (n = 10) compared to 2023.
- Infectious syphilis: 489 cases, a decrease of 15.5 per cent (n = 90) compared to 2023.

Rate of Reported Cases

- Chlamydia: 462.3 cases per 100,000 population, a decrease of 8.2 per cent compared to 2023.
- Gonorrhea: 136.1 cases per 100,000 population, a decrease of 4.5 per cent compared to 2023.
- HIV: 4 cases per 100,000 population, a decrease of 35.3 per cent compared to 2023.
- Infectious syphilis: 98.3 cases per 100,000 population, a decrease of 18.0 per cent compared to 2023.

Gender and Age

- Chlamydia cases: 62.5 per cent were female, of which 49.8 per cent were 15-24 years old.
- Gonorrhea cases: 55.2 per cent were female, of which 42.0 per cent were 20-29 years old.
- HIV cases: 43.4 per cent were female, of which 43.9 per cent were 25-39 years old.
- Infectious syphilis cases: 50.9 per cent were male, of which 37.8 per cent were 30-39 years old.

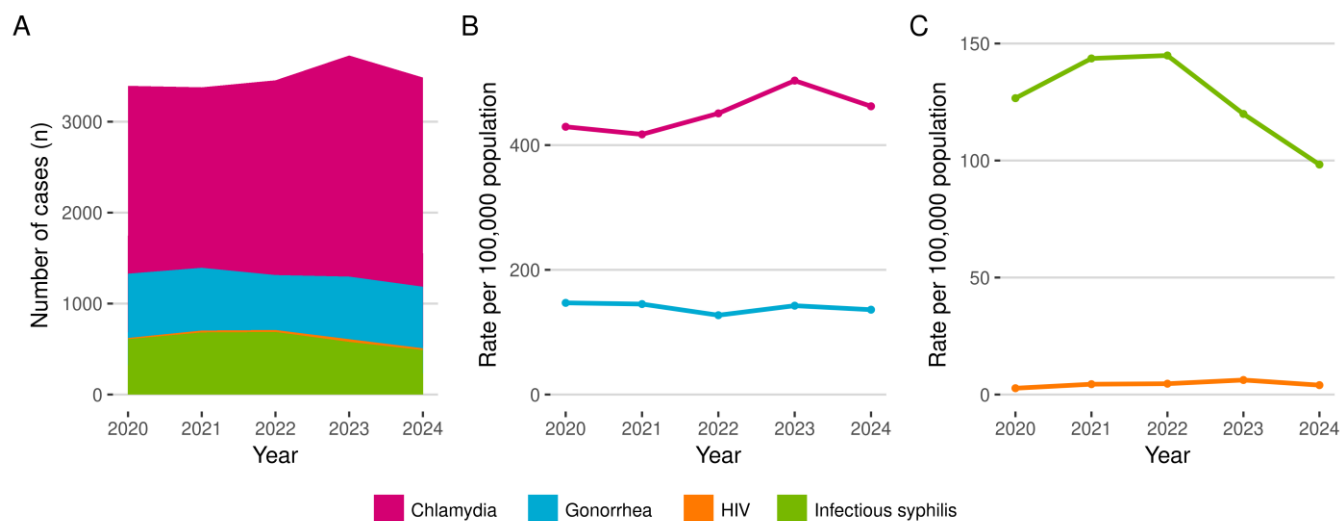


Figure 22. Counts and rates of STIs/HIV in North Zone, 2020 to 2024. (A) Counts per year grouped by infection type, (B) Rates per 100,000 population by year for chlamydia and gonorrhea, and (C) Rates per 100,000 population by year for HIV and infectious syphilis.

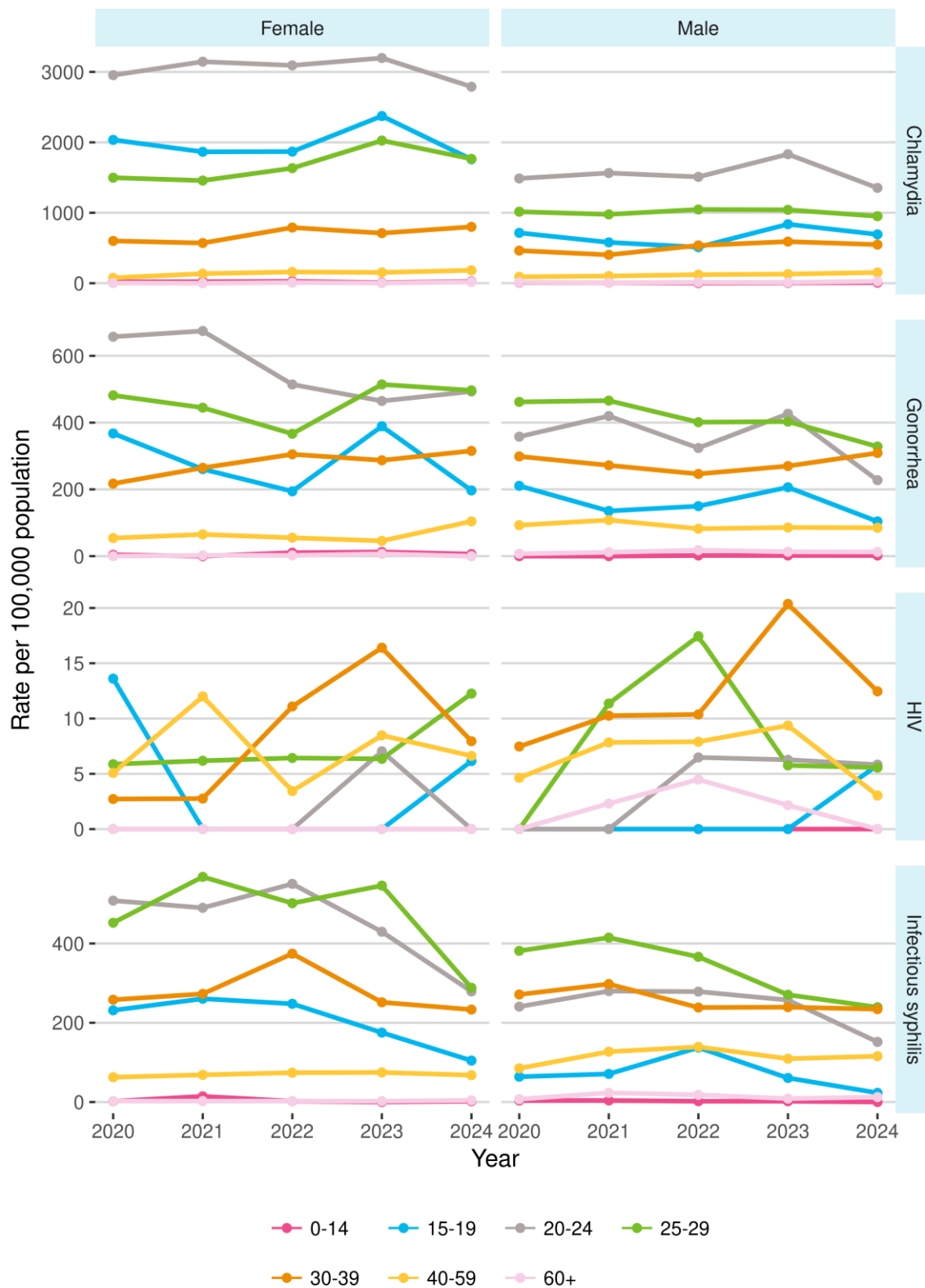
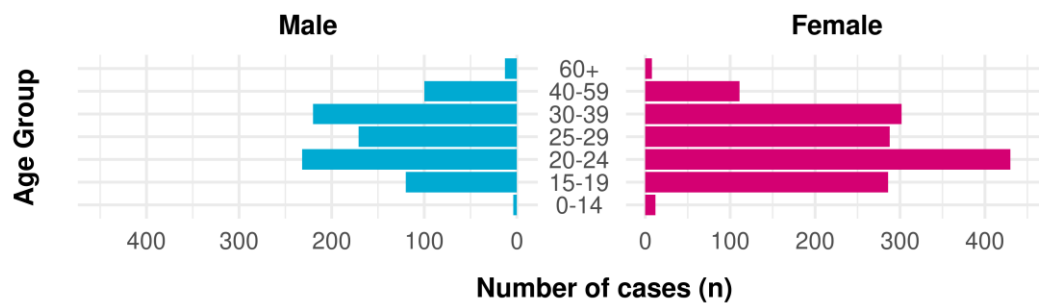
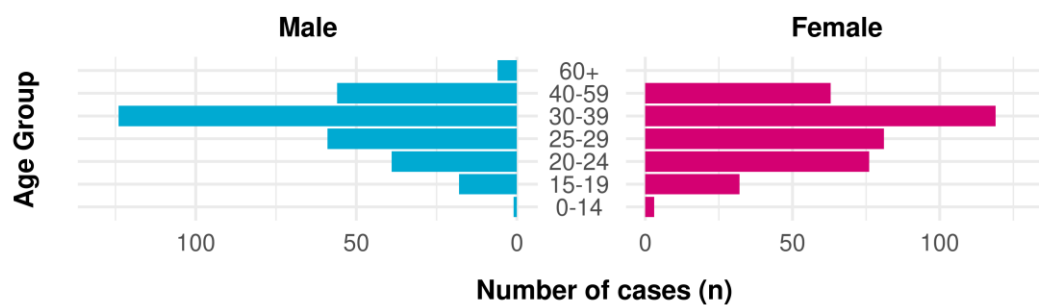


Figure 23. STI/HIV rates by age and gender in North Zone, 2020 to 2024.

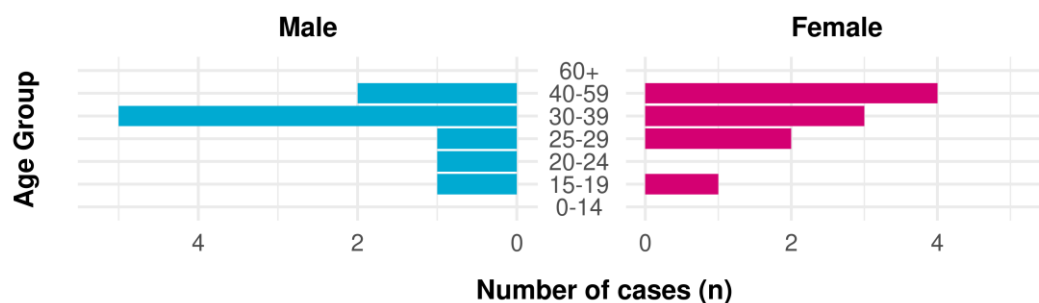
Chlamydia



Gonorrhea



HIV



Infectious syphilis

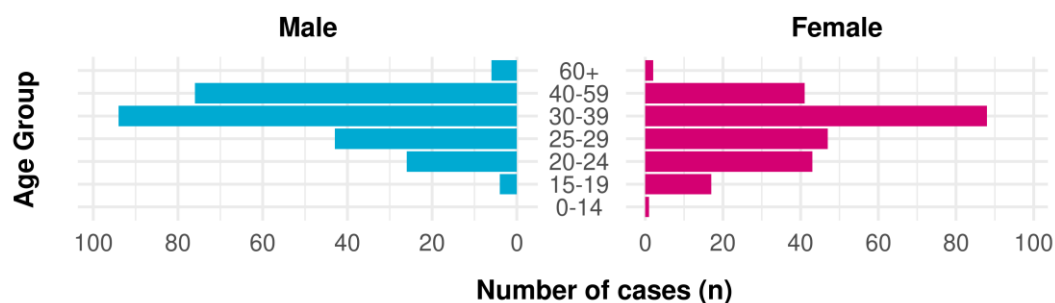


Figure 24. STI/HIV cases by age and gender in North Zone, 2024.

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